

File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 polly.grow@seattle.gov

SEEC FORM (7/18)

SEEC **PERSONAL** DOLLAR CODE **FINANCIAL AMOUNT AFFAIRS** \$0 (1) \$999 \$1,000 (2)\$4,999 STATEMENT (3) \$5,000 \$9,999 --(4) \$10,000 \$24,999 (5) \$25,000 \$99,999 (6) \$100,000 \$199,999 \$200,000 -- \$999,999 \$1,000,000 -- \$4,999,999 (7) (8) \$5,000,000 or more

Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a

candidate or being newly appointed to a position.

SEND REPORT TO Seattle City Clerk

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most re-

federal income tax return. SMC 4.16.080		r percent state, resides war	or to a dependent o	in the covered like	- Industriece	Tily illed					
Last Name Fire	st	Middle Initi	al Names of	immediate family	members. If there	is no					
Cook Jer	emV	D	other dep	endents living in y	sclose for depender our household do i use or domestic par	notidentify					
Mailing Address (Use PO Box or Work Address	ress) *	1 1 1000		racinally your opo	doc or domestic par	indi.					
9600 9th A	1e N	IW APT	06								
City Seattle Con	King	2ip+4 9811 7									
Filing Status (Check only one box.)		,	Office Hel	d or Sought							
An elected or appointed official filing an	An elected or appointed official filing annual report Offi					Office title: Seattle City Council					
Final report as an elected official. Term	expired:		2 /								
Candidate running in an election: mont	Position n	Position number:									
Newly appointed to an elective office	Term begi	Term begins: 11/23									
immediate famil options received (Report interest	y member, rec I during the rep and dividends		any form, of \$2,4 alue of more than	00 or more duri \$2,400.	ng the period. In	h you or an clude stock					
Show Self (S) Spouse (SP/DP) Dependent (D)  Name and Address of Employ	ow Compensation	Amount (Use Code									
Spouse (SP/DP) Dependent (D)  Catholic Printery Inc 6327W. Marginal Was Earned (Use Code)  Scattle WK Graphic designer (5)											
	/	SeaTT	ewit	Trapire	(S)						
			-' 1		( )						
,					( )						
					( )						
Check Here [] if continued on	attached sheet				( )						
List stre	et address, as	sessor's parcel number,	or legal description	n AND county fo	or each parcel of	Washington					
Z REAL ESTATE real esta	te with value	of over \$12,000 in which orting period. (Show parts	you or an immed	liate family mem	ber held a persor	nal financial					
Property Sold or Interest Divested	Assessed	Name and Address of Purc		Nature and Amo	unt (Use Code) of Pa						
	Value (Use 1-9			Consideration Received							
	Code)					/ \					
	( )					( )					
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	- (Use Code)					
			(eg. 20 yrs at 4.3%)		Original	Current					
	( )	СГЕВК	¥11,9	F185 81 - 0	( )	( )					
All Other Property Entirely or Partially Owned	()	FM 10: 29	19 MAR 11			( )					
	( )	mq.cog 1 1			( )	( )					
Check here ☐ if continued on attached sheet		3177A32	CITY 0								
		1.31	1]								

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	intangible prop	savings accounts, erty (including but L	not limited	to stock optio	ns) held d	uring the			
		Type of A	count or Description	of Asset	Asset Value (Use 1-9 Code)		Amount 9 Code)			
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.					( )	(	)			
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.					( )	(	)			
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting.					( )	(	) ) )			
Che	Check here if continued on attached sheet.  List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported (USE 1-9 CODE)									
	in Item 2.  Creditor's Name and Address		is of Payment years at 5.25%)	Secur	ity Given	original ( )	current ( )			
Che	ck here ☐ if continued on attached sheet.					( )				
5	NET WORTH Enter your estimated net worth.		Enter Dollar Amount							
All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.  Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.										
A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? If yes, complete Supplement, Part A.										
B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.										
C. Did you and/or an immediate family member own a business at any time during the reporting period? If yes, complete Supplement, Part A.										
D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.										
E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.										
AL	L FILERS EXCEPT CANDIDATES. Check the appropriate be	ox.	Contact Telephone: (206) 664-1293 *  Email: Jereny-d-cook @ yahoo com(work)*							
I hold a local elected office. I have read and am familiar w 2.04.300 regarding the use of public facilities in campaigns.				renga	de cook 6					
			Email:				e) Optional			
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.  3/13/19  Separature										
Date Signature										